

# CITY OF LAKE FOREST

## DEPARTMENT OF PUBLIC WORKS

# TRANSPORTATION PERMIT



<i>In compliance with your request and subject to all of the terms and conditions and restrictions written below and the attachments, permission is hereby granted to:</i>  Transporter: _____				Permit Valid: From: _____ To: _____				Permit Number: _____											
Address: _____  City/State /Zip: _____				Moving Authorized: 7am – Sunset (except peak hours per provisions) No Moving: Saturday, Sunday, City Holidays				Attachments: Permit Provisions _____											
Phone: _____				Load or Equipment and Model Number: _____															
Fax: _____				<input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW															
Description of Hauling Equipment: _____						License Number: _____													
<b>LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED</b>																			
<b>AXLE NUMBER</b>		VEHICLE WIDTH:		KINGPIN TO LAST AXLE:				COMB. VEHICLE LENGTH:											
<b>1</b>		<b>2</b>		<b>3</b>		<b>4</b>		<b>5</b>		<b>6</b>		<b>7</b>		<b>8</b>		<b>9</b>			
NUMBER TIRES PER AXLE																			
DISTANCE BETWEEN AXLES																			
WIDTH OF AXLES AT TIRE SIDEWALL																			
MAXIMUM ALLOWABLE WEIGHT																			
LOADED HEIGHT:				LOADED WIDTH:				LOADED OVERALL LENGTH:				LOADED OVERHANG:				WEIGHT CLASS:			
ORIGIN:								DESTINATION:											
AUTHORIZED CITY ROUTE (OTHER CITY, COUNTY AND/OR STATE PERMITS MAY BE REQUIRED):																			
<b>PILOT CAR REQUIRED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> WIDTH EXCEEDING 12' (REAR PILOT) <input type="checkbox"/> LENGTH EXCEEDING 105' (REAR PILOT) <input type="checkbox"/> WIDTH EXCEEDING 14' (FRONT & REAR PILOT) <input type="checkbox"/> HEIGHT EXCEEDING 14' (FRONT PILOT W/VERTICAL MEASURING DEVICE)																			
FEE: \$				NUMBER OF TRIPS:				APPLICANT SIGNATURE:						DATE:					
<input type="checkbox"/> CASH				<input type="checkbox"/> CHECK NO. _____				AUTHORIZED CITY AGENT:						DATE:					